empowered to take all decisions in Day-to-day management of the Centres. The Chief Nursing Officer is the Cadre Controlling Officer for all Nursing personnel in the Institute. She is responsible for management of nursing care in the wards and operation theateres. She is empowered to deal with transfer and posting, ad-hoc appointments against leave vacancy in consultation with the Medical Superintendent.

(c) Yes, Sir.

(d) Non-availability of reserved candidates and resignations of nurses arc the main reasons for several posts lying vacant.

Patent for Kala Azar

2670. SHRI K.R. MALKANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that an American firm holds patent on a new successful cure for Kala Azar as reported in the 'Pioneer', dated 1st June, 1998;

(b) whether the company is not proceeding with the production of this drug only because the demand will be mostly in Bihar where there is an "unprofitable" market; and

(c) whether Government plan to advise Upjohn Co. to produce the drug or sell the patent to India?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) As per records available with the patent oftice, M/s. Upjohn Co. is not holding any Indian patent for cure of Kala Azar.

The drug, Aminosidine, as an antibiotic, was approved many years ago for treatment of infections, including amoebic infections. Its indication for Kala-Azar is relatively new and the drug in the injection form if claimed to be effective in cases of Kala-Azar which are no longer responsive and resistant to old anti Kala-Azar pentavalent compounds viz sodium stibogluconate.

With the introduction of newer powerful and relatively safer antibiotics, this antibiotic has now become obsolete, barring the fact that it may have potential for treatment of a new indieation *viz* Kala-Azar. M/s. Pharmacia & Upjohn India have indicated that they could explore the possibility of introducing the drug in the Indian Market.

Circular to Enlist Unqualified Medical Practitioners

2671. SHRI R. MARGABANDU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state whether Government are aware of the circular issued by the Central Government to all the State Governments, Union Territories to enlist unqualified medical prectitioncrs having ten years' experience in a special register in order to save them from penal provision *i.e.* Section 15 of the Indian Medical Council Act, 1956?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): The State/UT Govt, were advised in November, 1972 to allow unqualified medical practitioners who were practising medicine for a period of not less than 10 years on a specified day to continue to practise modern medicine. But the State Govts, were asked not to permit them to pratise Surgery, O&G or radiation thereapy in any form and prescribe medicines included in Schedules G, H. and II of Drugs and Cosmetics Rules, 1945 and other dangerous drugs. The State/UT Govt, were also requested on 4.3.78 to consider the question of making suitable provisions in the State Acts for enlistment of all unqualified medical practitioners in State Medical Register with prescribed qualifications and experience as on da!? to be specified I by the State Govt. The State/UT Govts.

were also requested on 15.1.79 not to take penal action against unqualified medical practitioners and keep the enforcement of penal provisions of the IMC Act, 1956 in abeyance. Subsequently the position was reviewed and it was felt that despite the lapse of considerable period of time, no tangible action had been initiated by most of the State Govts, as per the approach recommended by the Govt, of India. Also no restrictions had been imposed by some of the State Govts, to prevent the entry of fresh unqualified persons into the rank of unqualified medical practitioners. Therefore, vide letter dated 1.6.82 addressed to State/UTs it was decided that there is no longer any justification in keeping the penal provisions of the IMC Act in abeyance. Accordingly, the instructions issued by this Ministry in January, 1979 were withdrawn. Subsequently, consequent upon the judgement pronounced by the High Court of Rajhasthan and Punjab & Haryana in connection with the provisions relating to registration of unqualified medical practitioners under the Drugs and Cosmetics Rules, 1945 the whole matter is sub-judicc in the Hon'ble Supreme Court of India.

nadequate Infrastructural Facilities in Safdarjung Hospital

2672. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Safdarjung Hospital which is a prime hospital in New Delhi has become too small to cater to the large number of people visiting the hospital due to lack of adequate infrastructural facilities; and

(b) if so, the steps being taken to expand and modernise the available facilities?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Large number of people visit Safdarjung Hospital every day. About 5000 patients attend OPDs and another 500-1000 attend the Casuality and Emergency Services. There are also 1500-2000 indoor patcints in the various wards of the hospital. Each patient is accompained by 2-3 relatives/ attendants. This puts a heavy pressure on the infrastructural facilities.

(b) The steps taken to expand and modernise the available facilities include:—

(i) The proposal for strengthening the existing Emergency & Casuality Services at an estimated cost of Rs. 285.50 lakhs has been approved by the Expenditure Finance Committee.

(ii) Rs. 115.86 lakhs were sanctioned for the purchases of equipment and Rs. 94.56 lakhs were sanctioned for construction/civil works in 1996-97.

(iii) 130 posts of various categories have been sanctioned for the Burns Ward.

(iv) Administrative Approval and Expenditure sanction has been issued for the construction of OPD Phase-III (Right & Left Wing) at an estimated cost of Rs. 16.44 crores during 9th Five Year Plan.

(v) Proposal for setting up an Arthosocopy and Sports Injury Clinic has been approved by the Standing Finance Committee, the cost of which is estimated at Rs. 230.00 lakhs.

(vi) The proposals for upgradation of the Departments of Burns and Plastic Surgery, Blood Bank, Obst. & Gynaecology, Emergency and Casuality Clinic Pathology during the 9th Five Year Plan have been posed to the Planning Commission.